

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number 09/595,893

Filing Date 6/20/00

First Named Inventor Jean-Rene Lequepeys

Art Unit ~~2818~~ 2634

Examiner Name Guillermo Munoz

Total Number of Pages in This Submission

Attorney Docket Number 034299-259

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APR 08 2004

Technology Center 2600

**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☒ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/  
Incomplete Application☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ After Allowance Communication to  
Group☐ Appeal Communication to Board of  
Appeals and Interferences☐ Appeal Communication to Group  
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm  
or  
Individual name

William E. Winters, Reg. No. 42,232 - Thelen Reid &amp; Priest LLP

Signature

Date

APRIL 2, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Diane Morse

Signature

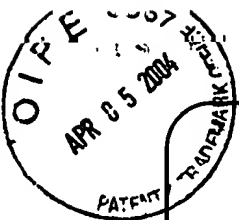
Diane Morse

Date

4-2-04

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 110**Complete if Known**

Application Number	09/595,893
Filing Date	6/20/00
First Named Inventor	Jean-Rene Lequepeys
Examiner Name	Guillermo Munoz
Art Unit	2634
Attorney Docket No.	034299-000259

**RECEIVED****APR 08 2004****Technology Center 2600**

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		<b>3. ADDITIONAL FEES</b>																																																													
<input checked="" type="checkbox"/> Deposit Account:  Deposit Account Number: 50-1698  Deposit Account Name: Thelen Reid & Priest LLP		<table><thead><tr><th>Large Entity</th><th>Small Entity</th></tr></thead><tbody><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td></tr><tr><td>1051 130</td><td>2051 65</td></tr><tr><td>1052 50</td><td>2052 25</td></tr><tr><td>1053 130</td><td>1053 130</td></tr><tr><td>1812 2,520</td><td>1812 2,520</td></tr><tr><td>1804 920*</td><td>1804 920*</td></tr><tr><td>1805 1,840*</td><td>1805 1,840*</td></tr><tr><td>1251 110</td><td>2251 55</td></tr><tr><td>1252 420</td><td>2252 210</td></tr><tr><td>1253 950</td><td>2253 475</td></tr><tr><td>1254 1,480</td><td>2254 740</td></tr><tr><td>1255 2,010</td><td>2255 1,005</td></tr><tr><td>1401 330</td><td>2401 165</td></tr><tr><td>1402 330</td><td>2402 165</td></tr><tr><td>1403 290</td><td>2403 145</td></tr><tr><td>1451 1,510</td><td>1451 1,510</td></tr><tr><td>1452 110</td><td>2452 55</td></tr><tr><td>1453 1,330</td><td>2453 665</td></tr><tr><td>1501 1,330</td><td>2501 665</td></tr><tr><td>1502 480</td><td>2502 240</td></tr><tr><td>1503 640</td><td>2503 320</td></tr><tr><td>1460 130</td><td>1460 130</td></tr><tr><td>1807 50</td><td>1807 50</td></tr><tr><td>1806 180</td><td>1806 180</td></tr><tr><td>8021 40</td><td>8021 40</td></tr><tr><td>1809 770</td><td>2809 385</td></tr><tr><td>1810 770</td><td>2810 385</td></tr><tr><td>1801 770</td><td>2801 385</td></tr><tr><td>1802 900</td><td>1802 900</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1051 130	2051 65	1052 50	2052 25	1053 130	1053 130	1812 2,520	1812 2,520	1804 920*	1804 920*	1805 1,840*	1805 1,840*	1251 110	2251 55	1252 420	2252 210	1253 950	2253 475	1254 1,480	2254 740	1255 2,010	2255 1,005	1401 330	2401 165	1402 330	2402 165	1403 290	2403 145	1451 1,510	1451 1,510	1452 110	2452 55	1453 1,330	2453 665	1501 1,330	2501 665	1502 480	2502 240	1503 640	2503 320	1460 130	1460 130	1807 50	1807 50	1806 180	1806 180	8021 40	8021 40	1809 770	2809 385	1810 770	2810 385	1801 770	2801 385	1802 900	1802 900
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<b>1. BASIC FILING FEE</b>		Fee Description Fee Paid																																																													
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1004 770	2004 385	Reissue filing fee																																																													
1005 160	2005 80	Provisional filing fee																																																													
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																																															
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1203 290	2203 145	Multiple dependent claim, if not paid																																																													
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*or number previously paid, if greater; For Reissues, see above																																																															
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	William E. Winters	Registration No. (Attorney/Agent)	42,232
Signature		Telephone	408-292-5800
		Date	APRIL 2, 2004

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